Municipalities building a stable insurance future.

125 East Court Street Ithaca, NY 14850 607-274-5590 INFO: consortium@twcny.rr.com www.tompkins-co.org/healthconsortium

April 23, 2014

Mr. Daniel J. Sheridan
Principal Insurance Examiner
New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

RE: Annual Statement - 2013

Dear Mr. Sheridan:

The Greater Tompkins County Municipal Health Insurance Consortium is pleased to submit two (2) original copies of the Consortium's Annual Statement for the period ending December, 31 2013.

Attached to the Statement are the following:

- 1) a letter addressed to Adrian Pope with regard to the Consortium's incurred but not reported (IBNR) and incurred but not paid (IBNP) claims liability reserve; and
- 2) Actuarial Review of Outstanding Claim Liabilities as of December 31, 2013

If there are any questions concerning the filing of this information please contact me.

Sincerely,

Michelle Pottorff, Administrative Clerk

mulle Hetery

Greater Tompkins County Municipal Health Insurance Consortium

Cc: Stephen Locey, Consultant, Locey & Cahill, LLCs

Jerry E. Mickelson, CPA, Ciaschi, Dietershagen, Little, Mickelson & Company, LLP

Randall R. Shepard, CPA, Bonadio Group

Rick Snyder, GTCMHIC Treasurer

STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL YEAR ENDING

December 31, 2013

To be filed 120 days from fiscal year end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

2013 Revision

ANNUAL STATEMENT

FOR THE PERIOD ENDING	December 31, 2013

OF THE CONDITION AND AFFAIRS OF

<u>Greater Tompkins County Municipal Health Insurance Consortium</u> (Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
		of Finance County of Tomo	sking 125 East Court St	Ithora NV 14950
Mailing Address:		r of Finance, County of Tomp	okins, 125 East Court St	, Itilaca, NT 14650
Address of Main Administrative Office:	Same as Mailing Address			
Telephone Number:	(607) 274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address			
Name of Administrator:	N/A			
Name of Statement Contact Person:	Donald Barber, Chairperson	1		
Statement Contact Person E-mail	sunnybrk@gmail.com		Telephone Number:	(607) 539-3395
Service Areas (Counties):	Tompkins			
,		OFFICERS*		
n the	Donald Barber, Chairperson		Other Officers	M. Elizabeth Karns, Vice Chairperson
President:	Donald Barber, Champerson		. Other officers.	
Secretary:	Judith Drake			Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer			
		GOVERNING BOARD*		
		COVERNING BOARD		
Name	<u>Title</u>	1	City of Ithogo	Municipality
Svante L. Myrick	Board Member Board Member		City of Ithaca County of Tompkins	
Anita Fitzpatrick	Chairperson		Town of Caroline	
Donald Barber	Board Member		Town of Danby	
Laura Shawley Mary Ann Sumner	Board Member		Town of Dryden	
Herb Masser	Board Member		Town of Enfield	
Glenn Morey	Board Member		Town of Groton	
Judith Drake	Secretary	1	Town of Ithaca	
Lucia Tyler	Board Member	1	Town of Ulysses	
M. Elizabeth Karns	Vice Chairperson		Village of Cayuga Hei	ghts
Charles Becker	Board Member		Villlage of Dryden	
Charles V. Rankin	Board Member		Village of Groton	
Rordan Hart	Board Member		Village of Trumansbur	g
Doug Perine #	Board Member	4	CSEA, County of Tom	
Scott Weatherby #	Board Member			land Community College
Mack Cook	Board Member		City of Cortland	
Kathy Miller	Board Member		Town of Lansing	
Richard Snyder #	Treasurer		County of Tompkins	
		_		100
		_		
		_		
		_		
		-		
STATE OF New York				
COUNTY	OF Tompkins			
Donald Barber	, President,	Judith Drake		, Secretary,
Steven Thayer	. Chief Financial Officer (c	or Corresponding person hav	ring charge of the finance	sial .
records of the MCHRP) of the	Greater Tompkins County	Municipal Health Insurance	Consortium	, being duly sworn, each for himself deposes
and says that they are the above described	officers of the said MCHBP, a	and that on the reporting period	od stated above, all of the	ne herein
accets were the absolute property of the sa	id MCHRP free and clear from	n any liens or claims thereon.	, except as herein state	d, and that
this Statement together with related exhibit	 schedules and explanations 	s therein contained, annexed	or referred to is a full a	na true
statement of all the assets and liabilities an	d of the condition and affairs of	of the said MCHBP as of the	reporting period stated :	above, and or
its income and deductions therefrom for the	period reported, according to	the best of their information,	, knowledge and belief,	respectively.
	2200	Day of	1 Les	President
Subscribed And Sworn To Before Me This	0101	bay or	1 mila	0 1-
April	201	4	Challe a	Secretary
April (Month)	(Year)	_	1100	1/
A A A	1		CAMO	Chief Financial Officer
Catherine Cover				, ,
NOTARY PUB	LIC		-	(Corporate Seal)
(Seal)	_	₽		(Obsporate Octal)
(Seal) CA	THERINE COVERT			
Notary F	Public, State of New Yo	rk g		
. 13	No. 4983156	lie?		
Qualifi	ed in Tompkins County			
Commission	on expires June 24, 20	/ 5		
Qualifi Commission				701 (a) E
M	(a) Is this an original filir	ng?	Yes [X]	No []
	(b) If no:	(i) state the amendment r	number	
		(ii) data filed		
		(ii) date filed		
		(iii) number of pages atta	ched	

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Revised 2013

REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1	2
	Total	Total
Bonds (Schedule B line 0199999)	-	
Stocks:		
2.1 Preferred stocks (Schedule B line 0299999)	-	
2.2 Common stocks (Schedule B line 0399999)	_	
Real estate (Schedule J line 0199999)	-	
Cash (Schedule A Line 0399999)	3,563,863	4,273,60
2 Cash (Gulledale A Line 0000000)	_	
3 Total Cash and Cash equivalents (Schedule A Line 0599999)	3,563,863	4,273,60
Premiums receivable (Schedule C, NY 10)	277,412	
Other invested assets	+	
Receivable for securities		
	_	
Aggregate write-in for invested assets	3,841,275	4,273,60
Subtotal cash and invested assets (Lines 1 to 8)	0,0,1,2,0	
. Investment income due and accrued		
. Reinsurance:	217,354	984,66
11.1 Amounts recoverable from reinsurers	217,354	304,00
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
.1 Current federal income tax recoverable and interest		
thereon		
.2 Net deferred tax asset	-	
. Electronic data processing equipment and software		
Furniture and equipment, including health care delivery assets		222.20
5. Health care and other amounts receivable	212,000	222,36
6. Aggregate write-in for other than invested assets	6,864,425	2,227,98
7. Total Assets(Lines 9 to 16)	11,135,054	7,708,6
ETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR NVESTED ASSETS 801. 802. 802. 804. 805. 898. Summary of remaining write-ins for Item 8 from overflow page 899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 601. Restricted cash	5,947,189	1,428,5
602. Ancillary benefits receivable	9,136	8
DUZ. MICHIAI Y DELICITIO I ECCIVADIO	908,100	798,6
602 Excellus BCBS prepaid claims (Advance denosit)		
603. Excellus BCBS prepaid claims (Advance deposit)	-1	
603. Excellus BCBS prepaid claims (Advance deposit) 604.	-	
603. Excellus BCBS prepaid claims (Advance deposit) 604. 605. 698. Summary of remaining write-ins for Item 16 from overflow page	-	

^{*} As reported on Prior Year End filed Annual Statement.

REPORT #1 - PART B: LIABILITIES AND NET WORTH

	Current Year	Previous Year *
	1 Total	2 Total
1. Unnoid claims (Schodula E. NIV11)	2,749,847	3.082.421
.1 Unpaid claims (Schedule F, NY11) .2 Additional amount required by Section 4706(a)(1)	824,546	5,002,421
.2 Additional amount required by Section 47 65(a)(1)	3,574,393	3,082,421
. Premiums received in advance	196,396	- 0,002,121
. General expenses due or accrued		-
.1 Current federal income tax payable and interest thereon	_	
.2 Net deferred tax liability	_	-
. Ceded reinsurance premiums payable	-	-
Amounts withheld or retained for the account of others	-	45
. Borrowed money and interest thereon	-	_
. Payable for securities	-	-
Funds held under reinsurance treaties	-	_
Aggregate write-ins for other liabilities	-	-
Accounts payable (Schedule G, NY12)	315,382	_
Claim stabilization reserve	-	
3. Unearned premiums	-	_
Loans and notes payable	-	-
Aggregate write-ins for current liabilities	-	-
6. Total liabilities (Lines 1 to 16)	4,086,171	3,082,421
17. Aggregate write-ins for special surplus funds	600,000	
8. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	4,723,499	3,197,415
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	1,725,384	1,428,777
22. Total capital and surplus (Lines 17 to 21)	7,048,883	4,626,192
23. Total liabilities, capital, and surplus (Lines 16 + 22)	11,135,054	7,708,613
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR		
OTHER LIABILITIES 1001	-	-
DTHER LIABILITIES 1001	-	-
OTHER LIABILITIES 1001	-	
OTHER LIABILITIES 1001	- - - -	
OTHER LIABILITIES 1001	-	
OTHER LIABILITIES 1001	-	
DTHER LIABILITIES 1001.		
### DTHER LIABILITIES 1001.	-	-
DTHER LIABILITIES 1001. 1002. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501.	-	
OTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502.	-	-
OTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501.	-	
OTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1505.	- - - - - - -	
OTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1598. Summary of remaining write-ins for Item 15 from overflow page	-	
## DTHER LIABILITIES 1001.	- - - - - - -	
DTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS	- - - - - - - - -	
DTHER LIABILITIES 1001. 1002. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS	-	
DTHER LIABILITIES 1001. 1002. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1505. 1598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1701. Assigned for Catastrophic Claims	- - - - - - - - -	
OTHER LIABILITIES 1001. 1002. 1003. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1598. Summary of remaining write-ins for Item 15 from overflow page	- - - - - - - - -	
DTHER LIABILITIES 1001. 1002. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1504. 1505. 1598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1701. Assigned for Catastrophic Claims 1702. 1703.	- - - - - - - - -	
## DITHER LIABILITIES 1001.	- - - - - - - - -	
DTHER LIABILITIES 1001. 1002. 1004. 1005. 1098. Summary of remaining write-ins for Item 10 from overflow page 1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10) DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1501. 1502. 1503. 1504. 1509. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1701. Assigned for Catastrophic Claims 1702. 1703. 1704.	- - - - - - - - -	

^{*} As reported on Prior Year End filed Annual Statement.

^{**} Calculation of current year reserves shown on NY16 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

, , , , , , , , , , , , , , , , , , ,		Previous Year *		Previous Year *
	1 Total	2 Total	3 PMPM	4 PMPM
Member Months	61,063	53,375	XXX	XXX
Net premium income: 2.1 Basic	34,507,671	28,575,531	565.12	535.3
2.2 Drugs	04,001,071	-	-	-
2.3 Total Change in unearned premium reserves and reserve for rate credits:	34,507,671	28,575,531	565.12	535.3
3.1 Basic	_	-	-	-
3.2 Drugs	-	-	-	
3.2 Total Aggregate write-ins for other health care related revenues		-		
Investment	9,871	7,332	0.16	0.1
Non-health revenues	146,563	105,902	XXX 567.68	XXX 537.4
Total revenues (Items 2 to 6)	34,664,105	28,688,765	307.00	337.4
spital and Medical:				
Hospital/medical benefits	21,438,806	18,190,193	351.09	340.8
Other professional services Outside referrals			-	
Emergency room and out-of-area	-	_		_
Prescription drugs	6,574,951	6,608,842	107.67	123.
Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts	-	-	-	-
Aggregate write-ins for other expenses	237,105	208,359	3.88	3,
Subtotal (Lines 8 to 15)	28,250,862	25,007,394	462,65	468.
ss: Net reinsurance recoveries	281,688	984,662	4.61	18.
Total hospital and medical (Lines 16-17)	27,969,174	24,022,732	458.04	450.
Claims adjustment expenses, including cost containment expenses	-	-		-
General administrative expenses	35,960	39,899	0.59	0.
20.1 Compensation 20.2 Interest expense	119,425		1.96	
20.3 Occupancy, depreciation, and amortization	-	-		
20.4 Marketing . 20.5 Professional Fees	99.112	11,675	1.62	0.
20.5 Professional Fees 20.6 Administration Fees	939,946	858,215	15.39	16.
20.7 Consulting Fees	64,722	58,612	1.06	1.
20.8 Aggregate write-ins for other administrative expenses	614,612 1,873,777	415,760 1,384,161	10.07 30.69	7. 25.
20.9 Total administrative expenses Increase in reserves for A&H contracts	1,073,177	1,504,101	-	
Total underwriting deductions (Lines 18 to 21)	29,842,951	25,406,893	488.72	476.
. Net underwriting gain or (loss) (Lines 7 - 22)	4,821,154	3,281,872	78.95	61,
. Net investment income earned . Net realized capital gains or (losses) less capital gains taxes	-	-		
. Net investment gains or (losses) (Lines 24 + 25)	-	-		
Aggregate write-ins for other income or expenses	(151,780)	(103,699)	(2.49)	(1.
Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	4,669,374	3,178,173	76.47	59
Federal income taxes (cares 20 × 27) Federal income taxes incurred	-	-		
D. Net income (loss) (Lines 28 - 29)	4,669,374	3,178,173	76.47	59.
402. 403. 404.	- -	-	-	
405498. Summary of remaining write-ins for Item 4 from overflow page	-			
499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER IOSPITAL AND MEDICAL 301.	; 	_	-	
301		-	-	
303. 304.				
305		_		
398. Summary of remaining write-ins for Item 13 from overflow page 399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)		-		
		-		
, , , , , , , , , , , , , , , , , , ,				
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER	-			
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES			3.88	
NETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax	237,105	208,359		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503.	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504.	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 505. 505. 505. 505. 505	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 505. 505. 505. 505. 505	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 505. 505. 505. 505. 505	237,105 	208,359 	3.88 	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 505. 505. 505. 505. 507. 507	237,105 	208,359 	3.88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503.	237,105 	208,359 	3.88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER XPENSES 501. NYS Graduate Medical Education Tax 502. 503.	237,105 	208,359 	3.88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER IXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 598. Summary of remaining write-ins for Item 15 from overflow page 599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.803. 20.803. 20.804. 20.805.	237,105 	208,359 	3.88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 509. 509. 509. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.802. Stop-loss premiums 20.804. 20.805. 509. 509. 509. 509. 509. 509. 509. 5	237,105 	208,359 	3,88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.802. Stop-loss premiums 20.803. 20.804. 20.805. 20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	237,105	208,359 	3,88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 598. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.802. Stop-loss premiums 20.803. 20.804. 20.805. 20.898. Summary of remaining write-ins for Item 20.8 from overflow page 20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8) DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER	237,105	208,359 	3,88 	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 509. 509. 509. 509. 509. 509. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.802. Stop-loss premiums 20.803. 509. 509. 509. 509. 509. 509. 509. 509	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 505. 505. 506. 506. 506. 506	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 501. NYS Graduate Medical Education Tax 502. 503. 504. 505. 505. 506. 506. 507. 508. Summary of remaining write-ins for Item 15 from overflow page 1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15) DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability) 20.802. Stop-loss premiums 20.803. 20.804. 20.805. 509. 509. 509. 509. 509. 509. 509. 5	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1501. NYS Graduate Medical Education Tax 1502.	237,105	208,359	3.88	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1501. NYS Graduate Medical Education Tax 1502. 1503	237,105	208,359	3.88 4 0.36 9.70 10 (0.09) (2.40	

^{*} As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Year	Previous Year *
CAPITAL & SURPLUS ACCOUNT	_1	_2
Of O. W. L. and a sufficient configuration	Total	Total 1 240 C40
31. Capital and surplus prior reporting year GAINS AND LOSSES TO CAPITAL & SURPLUS:	4,626,192	1,249,619
32. Net income or (loss) from Line 30	4,669,374	3,178,173
33. Change in valuation basis of aggregate policy and claim reserve	4,069,374	3,176,173
34. Change in ret unrealized capital gains and losses less capital gains tax	- 1	
35. Change in net deferred income tax		-
36. Change in nonadmitted assets	_	
37. Change in unauthorized reinsurance	-	-
38. Change in surplus notes	-	-
39. Cumulative effect of changes in accounting principles	-	_
40. Capital Changes		
40.1 Paid in	-	-
40.2 Transferred to surplus	- [-
41. Surplus adjustments:		
41.1 Paid in	-	
41.2 Transferred from capital		_
42. Dividends to participating municipal corporations (or school districts)	-	_
43. Change in surplus per Section 4706(a)(5)	(296,607)	198,400
44. Change in retained earnings/fund balance	(1,125,530)	-
45. Interest on surplus notes	(0.40)	-
46. Aggregate write-ins for changes in other net worth items	(824,546)	
47. Aggregate write-ins for gains or (losses) in surplus	0.400.004	2 276 572
48. Net change in capital and surplus (Lines 32 to 50)	2,422,691	3,376,573 4,626,192
49. Capital and surplus end of reporting year (Line31 + 51)**	7,048,883	4,020,192
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS	\$ (824.546)	e
4601. Additional needed for 12% IBNR	\$ (824,546)	<u></u>
4602. 4603. 4604. 4605. 4698. Summary of remaining write-ins for Item 46 from overflow page		
4603.		
4604.		_
4605.		
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	(824,546)	_
4699. TOTALS (Items 4601 tillu 4605 plus 4696) (Fage 5, Item 40)	(02-1,0-10)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701.	\$ -	\$ -
4702. 4703. 4704. 4705.	_	
4703.	_	
4704.	_	
4705.		
4798. Summary of remaining write-ins for Item 48 from overflow page		1
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)		

^{*} As reported on Prior Year End filed Annual Statement.

GENERAL INTERROGATORIES

OF THE

. a)		is any change been made since the last reement; plan document or the number		cipal cooperation agreement; administrat corporations?	ion	Yes[]	No[X]
b)	lf '	'Yes", when was the filing request to cha	ange the agreements or do	curnents filed with the Department of Fin	ancial Services?		Date: N/A
	i)	If "approved", when was the filing req	quest approved?				Date: N/A
							Date: N/A Date: N/A
	***	le colling and the state of the state of		#			Date: N/A
	ii)	If not "approved" yet, what is the state N/A	us of the filing request and	the status date?			Date: N/A
		N/A N/A			-		Date: N/A Date: N/A Date: N/A
۵\	16	N/A "Yes", attach current copies of the docum	nents if they have not been	proviously submitted	•		Date. IVA
c)		ate as of what date the latest financial ex					Date: 12/31/13
2. a) b)		ate the as of date that the latest financia					Date
٠,	C			eet and not the date the report was comp	leted		Date: 12/31/13
3.			e for annual disclosure to it	s Board of Governors of any material into	erest or		
	a	filiation on the part of any of its officers, e official duties of such person?	directors or responsible en	nployees which is in, or is likely to conflic	t with	Yes [X]	No []
4. a)	D	id any person, while an officer, director of	or trustee of the reporting e	ntity, receive directly or indirectly, during	the		
	р	eriod covered by this statement, any con	nmission on the business t	ransactions of the reporting entity?		Yes []	No[X]
b)) If	"Yes", give particulars:					
	N	/A					
	V	I/A					
5. a) _V	Vas money loaned, directly or indirectly,	during the period covered	by this report to any employee, officer, or	director of the MCHBP?	lf	
	er	Yes", please complete the schedule belo	ow.		- Arthur Carlot	Yes[]	No [X]
					3	4 Amount of I	
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outs at Year E	
		N/A					
		0599999. Totals	d by a fidality band?			Yes [X]	No[]
6. a	•	s the fiscal officer of the MCHBP covere				100[71]	
r	•	f "Yes", give name of surety company, a		asurer are both covered by the County of	f Tompkins' Employee Dis	shonesty Bond (a.k	.a. Fidelity
	- 7	and). This powerage is provided through	th Fidelity and Denosit Con	npany of Maryland, Colonial American Cerican Insurance Company. The coverage	asualty and Surety Comp	any, 1400 America	n Lane,
	1	misappropriation of funds and each person	on is covered up to a \$2,00	00,000 maximum.			
7. a	- د د	Mere all the stocks bonds and other se	curities owned as of the re	porting period in the actual possession o	f the		
,		MCHBP on the said date?				Yes [X]	No[]
ì		If "No", give location:		er securities owned by the Consortium a		_	
8 8	•	were all stocks, bonds and other securiti	es, owned throughout the	ng entity's offices, vaults or safety depos current year held pursuant to a direct cus	todial agreement		
		with a gualified bank or trust company in	accordance with Section 1	1, III – General Examination Consideration IIC Financial Condition Examiners Handb	ins, F. Outsourcing of	Yes [X]	No []
	b)	For agreements that conform to the requ	uirements of the NAIC Fina	ncial Condition Examiners Handbook, co	omplete the following:		
		1	2]			
		Name of Custodian(s) No stocks owned at this time	Custodian's Address N/A				
				-			
				-			
]			
	c)	For all agreements that do not conform location and a complete explanation:	to the requirements of the	NAIC Financial Condition Examiners Ha	ndbook, provide the name	∍ ,	
		1	2		3		
		Name(s)	Location(s) N/A	Complete Explanation(s) N/A			
		-					
9	a)	Is the purchase or sale of all investmen committee thereof?	its of the MCHBP passed u	pon by either the Board of Governors or	a supordinate	Yes[X]	No[]
	b)	If "No", state who has the authority:	N/A				
10	a)	Has any present or former officer, direct	ctor or any other person or	firm any claim of any nature whatsoever	against the	Yes []	No [X]
		MCHBP which is not included in the fina	anciai statements?			, wo []	
	b)	If "Yes", give details:					
44	۵)	N/A	dministrative orders, cease	and desist orders, fines or suspensions	by any government		
11	a)	entity during the reporting year?	uliminati ative bi dera, cease	. and desist orders, miss of dasponsons	-,, g	Yes[]	No [X]
	b)	If "Vac" give details (You need not ren	ort an action either formal	or informal, if a confidentiality clause is p	part of the		
	υj	agreement)	ort an action, cities formar	of another, it a community states in			•
		N/A					
12	2 a)	What is the percentage that the MCHB					12%
	b)	Is the percentage used for claims paya Insurance Law § 4706(a)(1)?	able reserve equal to the m	inimum requirement of 25% as per		Yes[]	No [X]
	C)		uest to use a lower percent	age from the Department of Financial Se	ervices as per		
	7	Insurance Law § 4706(a)(1)?	·			Yes [X]	No []
	d)	If c) is "Yes", answer the following: i) When was the request filed with the	the Department of Financia	al Services?			Date:11/08/13
		ii) When was the request approved	d?				Date: N/A

ii) When was the request approved?

iii) If approved, please attach a copy of the approval letter.

If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:

A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10.

This information was submitted as part of our application process to the state and was approved at that time.

Date: N/A____

		GENERAL INTERRO	OGATORIES (Continued)	
13 a)	Provide the following inform	ation on the MCHBP's general liability insurance cover	age:	
i)	Name of Carrier:	-	ts own GL coverage through a policy or as self-insured. Exposure i	s
ii)	Limits of Coverage:	minimal for a GL claim since the Consortium has	no employees or offices. Most meetings are held at the County's of	onference
iii)	Expiration Date:	room, and the County is self-insured for activities	that occur in that conference room.	
14	Complete the Itemization of	Stop-Loss Fund Recoveries schedule below.		
		Item	sization of Stop-Loss Fund Recoveries	
			1 2 3 rent Year	
		1. Aggregate Stop-Loss Coverage Per Insurance Law § 4707(a)(1)	1700000 725000 1700000	
		2. Specific Stop-Loss Coverage Per Insurance Law § 4707(a)(2)	1000000 1000000 1000000	
		3. Total	2700000] 1725000] 2700000]	
15 a)	_	nation on the MCHBP's reinsurance (stop-loss) coverag	e:	
i)	Name of Carrier:	Highmark Life Insurance Co.		
ii)	Limits of Coverage:	\$300,000 specific deductible w/\$1,700,000 police monthly aggregate deductible amounts applicab deductible. \$1,000,000 policy year maximum	y year maximum, lifetime unlimited 125% aggregate corridor w/eith le to each policy month in the current policy term, or b) minimum ag	er a) sum of gregate
iii)	Expiration Date:	December 31, 2014		
b)	If the MCHBP does not ha	ve this coverage, explain:		
	N/A			
16 a)	Does the MCHBP set up it	s claim liability for hospital and other medical services o	n a service date basis?	Yes[X] No[]
b)	If No, give details:	N/A		
	N/A	100		
17 a)	Was the MCHBP's prior y	ear's annual statement amended?		Yes[] No[X]
b)	If yes, furnish the following filed with the MCHBP's sta	information regarding the last amendment to the prior te of domicile	year's annual statement	
	i) Amendment numbe	N/A		
	ii) Date of amendment	N/A		
18	What is the name and ad	dress of the independent certified public accountant or a	accounting firm retained to conduct the annual audit?	
	Ciacshi Dietershagen Littl	e Mickelson & Company, LLP. 401 East State Street, St	uite 500, Ithaca, NY 14850	
19	What is the name, addrest consulting firm) of the ind	s and affiliation (officer/employee of the reporting entity vidual providing the statement of actuarial opinion/certif	or actuary/consultant associated with an actuarial ication?	
		ns Group LLC, 110 Betsy Brown Rd, Port Chester, NY 1		
20	Does the reporting entity committees thereof?	keep a complete permanent record of the proceedings of	of its governing board and all subordinate	Yes[X] No[]
21. a)	Amount of payments for	expenditures in connection with matters before legislative	e bodies, officers or departments of government, if any?	\$24,217
b)	List the name of the firm with matters before legisl	and the amount paid if any such payment represented 5 ative bodies, officers or departments of government dur	5% or more of the total payment expenditures in connection ing the period covered by this statement.	
	1 Name	2 Amount Paid		
	Superintendent of Financial Services	\$24,217		
22. a)	Does the MCHBP plan to Law and anticipated exp	refund any amounts in excess of reserves and surplus enses in the plan's joint funds to participating municipal	required by § 4706 of the New York Insurance corporations during the next 90 days?	Yes[] No[X]
b)	If a) is "Yes", provide the	following:		
	i) Anticipated date of	distribution.		Date: N/A
	ii) Anticipated amoun	of distribution.		N/A
23. a)	Has the MCHBP's currer § 4705(d)(5)(B) of the N	t community rating methodology been filed with and ap w York Insurance Law?	proved by the superintendent as required by	Yes[X] No[]
b)	If a) is "Yes", answer the	following:		
	i) When was the req	uest filed with the Department of Financial Services?		Date: 10/01/10

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Fiscal Year	Amount of Interest Due & Accrued at end of Current Fiscal Year	Balance
Depository Cash	xxx	XXX	xxx	xxx	xxx	xxx	XXX	XXX
Tompkins Trust Company (checking)	xxx	XXX	0.095	XXX	XXX	7,727	-	3,563,863
		xxx		xxx	XXX			
		xxx		xxx	xxx			
		XXX		xxx	xxx			
		XXX		xxx	xxx			
		XXX		xxx	xxx			
		xxx		xxx	xxx			
		xxx		XXX	xxx			
		xxx		xxx	XXX			
		xxx		xxx	xxx			
0199999 Total Cash on Deposit	xxx	xxx	xxx	xxx	xxx	7,727	-	3,563,863
0299999 Cash in Company's Office	XXX	xxx	xxx	xxx	xxx	XXX	xxx	
0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	7,727	<u> </u>	3,563,863
Description — Cash Equivalent	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx
0499999 Total Cash Equivalent	xxx	xxx	xxx	xxx				_
0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$	- \$ 7,727	' S -	\$ 3,563,863
NOTE: Negotiable certificates of deposit to be reported	in Schedule B						<u> </u>	

SCHEDULE B — INVESTMENTS

											0	April 1. Marian	John Committee	2			Inferest			Dates		
			Codes				Fair Value	lue			ı	Change in BookAdjusted Carryllig value	d Carry III Vall	- 1	16	17		19	20 21	22		
	2	8	4	5	9	7	8	6	10	11	12	5	Current Year's	Total	2							
							Rate				Unrealized	urront Voarle	Other Than Temporary	Foreign Exchange			Adr		Amount	Stated	p	
Š				Bond	NAIC	Actual				Carrying		(Amortization)/	Impairment		Rate of F	Effective W Rate of P	When Amou	Amount Due Rec	Received During Year Acquired	Contractual ired Maturity Date	ctual	
Ldentification	Description	Code	Foreign	Characteristics	Designation	1	Fair Value	Fair Value	Par Value	+	Jeciease)	100000		-		╄	\vdash	П				
N/A	N/A													×								
					+									×								
														{×								
														××××××××××××××××××××××××××××××××××××××								
														×								
														×	,		**		XXX	×× 		
							××			1	•	•	-	ž	ž	+	1	,	XXX		Ţ	
0199998	From Overflow Page (NY 19)						× × × × × × × × × × × × × × × × × × ×	5	S	\$	49	1		××	× ×	×	x X	6		-		
0199999	Total bonds					,	t	Eair Value		-		Dividends			Change	n Book/Adjust	ed Carrying Va	aiue	1			200
		Codes				,		- 1	ľ	<u>+</u>	12	13	14	15	16	16 17 18 19	18	1	20 21	77		3
•	2	3	4	5	9	7	æ	D C	2		<u> </u>	Amount		Unrealized	Year's	Year's Ch	Change lotal (eg.	Foreign			
-					Par			Kate Per			Declared	Received	Nonadmitted	Valuation				in B./A.C.V. Exc	Exchange NAIC	NAIC		Date
				Jagun	value	Per	Carrying	to Obtain	Fair	Actual	but	During	Declared	Increase/	Zation) Te	Temporary B.//	Common Str		B./A.C.V. Designation	<u>=</u>		Acquired
CUSIP	Control	a a b o	Foreign	Shares	Share		Value	Fair Value	Value	Cost	Unpaid	Year	put Oribaid	(Declease)	_	۰	_	1				×
ğ	20 P. C	XXX	××	×	××	××	×××	××	××	×	×	X	{	SS	5	+		'	-		×	
ž	LIST Preferred Stocks														-		×				×	
N/A	INA																××	-	XXX XXX	XXX	×	
																_	š	-	_		×	
																<u> </u>	š	-	XX XXX		×	
											+						×	1	-		×	
																<u> </u>	XX	-		_	×	
																Ê	×				×	
																-	XXX	1			×	
								>>>			1					^ XXX	XXX	1	+	1	-	
020008	From Overflow Page (NY 20)					7		1		U	6		S	S	s	××	s xxx	•	_	_		ž
ı	Total Preferred Stocks				×	1	2	1	•	* ***	***	XXX	×××	××	×	××	×		_		-	×
200000	List Common Stocks	XXX	××	XXX	×××	×	×	×	XX	ž	\				×		_	XXX			×	
	N/A				XXX	×									×		×				×	
	CAL				XXX	×			1						×		_			-	×	
					XXX	×									××		_	XXX		-	×	
					××	×									××		_			_	×	
					XX	×									×		_			4	×	
					××	×									×		_			4	×	
					×	X									XX		_	××	XX	XXXX	×,>	
					ž	Ž,									××			1	$\frac{1}{1}$	1	\ \ \	
					×	X				1				•	XX	XX		1	1	1		1
0399998	From Overflow Page (NY 21)				×	X		>	0		69		\$	5	XXX	\$ XXX	1	×	1	××	+	ž
0399999	Total Common Stocks							1					s	S		XXX XXX	s ×	-	XXX XXX		-	×
00000	Tatal Common P. Broforred Stocks						- s	XX	9													
0488888	Total Collinoir & Teremon Scott																					

December 31, 2013	(Year Ending)
STATEMENT AS OF	

, 2013 OF T

OF THE Greater

Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

			C	1	5	9
	1-30 Days	2 31-60 Davs	3 61-90 Davs	Over 90 Days	Non-Admitted	Admitted
Name of Debtor	1-00 Days	1			1	-
= (277 412					277,412
Tompkins-Cortland Community College	71117				1	1
		1	1		1	
			ı	C	1	1
			\$	t	1	1
				Ĺ	1	1
	1		3	\$	L	
	1		1	•	•	1
			1	1	ı	
	1				1	1
	ı		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1	277.412
0199999 Individually Listed Receivables	277,412					
0299999 Receivables Not Individually Listed	1 &	· θ	ι (- \$	1	
0399999 Gross Premiums Receivable	277,412					277,412
A Later A					ľ	•
0499999 Less Allowance for Doublin Accounts					1	277,412
0599999 Premiums Receivable						

December 31, 2013 OF THE (Year Ending)

N.Y. SCHEDULE F - CLAIMS PAYABLE ANALYSIS (ON A FISCAL YEAR BASIS)

Calculation of Unpaid Claims Reserves at Year End

Unpaid claims reserve = [(percent approved by the department expressed as a decimal)*(Paid claims CY - Unpaid claims PY)] /(1-percent approved by the department expressed as a decimal)

12% As Approved by the Department of Financial Services (Formally the Insurance Department)

\$ 28,869,504 From Section I, Col B, Line 4 below
From Section I, Col C, Line 4 below. Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported

\$ 3,574,393

Total Claim Payable Per Actuary - Hospital and Medical Claims

Includes expenses on claims reported and not yet paid, and expenses on \$ 2,726,944 claims incurred but not yet reported

Includes expenses on claims reported and not yet paid, and expenses on 22903 claims incurred but not yet reported Includes expenses on claims reported and not yet paid, and expenses on claims incurred but not yet reported

2,749,847 To be reported on page NY 3 Line 1.1

Total Additional Amount Requirered by Section 4706(a)(1)

824,546 To be reported on Page NY 3 Line 1.2

3,574,393 To be reported on Page NY 3 line 1.3

SECTION I - CLAIMS INCURRED

A	В	C	D	E
			Unpaid	Incurred This Year*
Description of Claims	Pald During Year	Unpaid Prior Year	Current Year	(B - C + D)
Hospital & Medical Claims - Per Actuary	21,711,019	2,497,096	2,726,944	21,940,867
2. Drug Claims - Per Actuary	7,158,485	160,190	22,903	7,021,198
3. Other - Per Actuary	<u>-</u>			<u>-</u>
4 Total	28 869 504	2.657.286	2,749,847	28,962,065

^{*}Must equal hospital and medical expenses accrued and unpaid which are reported on Report #2, Line18.

SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR

A	B Reported Claims in	C Estimated Incurred	D Total—Claims
Description of Claims	Process of Adjustment	but Unreported	Payable* (Columns B + C)
Hospital & Medical Claims - Per Actuary	369,664	2,357,280	2,726,944
2. Drug Claims - Per Actuary		22,903	22,903
3. Other - Per Actuary		-	
4. Total	369,664	2,380,183	2,749,847

^{*} Must equal Section 1, Col. D.

SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR

Α	T				F	G**	Н
<i>'</i>			Claims Unp	aid at End	Total Claims		
			of Current	1	Paid During		
	Claims Paid Dur	ing the Year*	Estimated Lia	•	the Year and		
!			of Curre	nt Year F	Claims Unpaid at End of	Estimated	
ì	B On Oleima	С	On Claims	E	Current Year on	Liability of	Amount
	On Claims Incurred	On Claims	Unpaid	On Claims	Claims Incurred	Unpaid Claims	Unpaid Claims
	Prior to	Incurred	at End of	Incurred	in Prior Years	at End of	is Over or
Description of Claims	Current Year	During the Year	Previous Year	During the Year	(B + D)	Previous Year	(Under) Reserved
1. Hospital & Medical Claims	1,887,036	19,823,983	32,227	2,694,717	1,919,263	2,497,096	577,833
2. Drug Claims	141,054	7,017,431	-	22,903	141,054	160,190	19,136
2. Drug Claims							
3. Other		-	-				-
4. TOTAL	2,028,090	26,841,414	32,227	2,717,620	2,060,317	2,657,286	596,969

^{*} Must equal Section 1, Col. B.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.

^{**} Must equal Section 1, Col. C.

December 31, 2013	(Year Ending)
STATEMENT AS OF	

Greater Tompkins County Municipal Health Insurance Consortium (Name)

OF THE

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

	,	7	3	4	5	9
	1 00 V	31-60 Davs	61-90 Davs	91 - 120 Days	Over 120 Days	
Account	1-50 Days	0,00				1,744
Bonadio & Co., LLP	1,744					743
Hancock Estabrook, LLP	743					2.753
Town of Entield	2,753					310 057
	310,057					000
Proact						
						1
						1
						ı
						1
						1
						t
						1
				The state of the s		•
						1
						1
						ı
						1
						1
		- Commercial Commercia				ı
hatis I villa i bisina a change at a second at a constant and a second at a second at a second at a second at a	315,297			1		315,297
0199999 Total Accounts Payable - Illuividually Listed						85
10299999 Angregate Accounts Not Individually Listed - Due	85					?
				200		1
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due					1	
Oldono Catalogo A Lata Tooloooo	315,382			- L		315,382
gagagas Total Accounts Fayable						

N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year	С	D	E	F
	2013	2012	2011	2010	2009
BALANCE SHEET ITEMS (Page 2, 3)					
1. Total Assets	11,135,054	7,708,613	4,320,054	1,441,811	-
2. Total Liabilities	4,086,171	3,082,421	3,070,435		
3. Contingency Reserve	1,725,384	1,428,777	1,289,746	1,223,736	
4. Total Net Worth	7,048,883	4,626,192	1,249,619	1,441,811	_
INCOME STATEMENT ITEMS (Page 4)					
5. Net Premium Income	34,507,671	28,575,531	25,794,917	1,441,099	_
6. Total Revenues	34,664,105	28,688,765	25,968,215	1,441,944	-
7. Total Hospital and Medical expenses	27,969,174	24,022,732	24,965,572	133	
8. Total Administration expenses	1,873,777	1,384,161	1,194,835		
9. Net Income	4,669,374	3,178,173	(192,192)	1,441,811	
10. Member Months	61,063	53,375	52,873	0	0
11. Net Premium Income (PMPM)	565.12	535.37	487.87	#DIV/0!	#DIV/0!
12. Total Revenues(PMPM)	567.68	537.49	491.14	#DIV/0!	#DIV/0!
13. Total Hospital And Medical Expenses (PMPM)	458.04	450.07	472.18	#DIV/0!	#DIV/0!
14. Total Administration Expenses (PMPM)	30.69	25.93	22.60	#DIV/0!	#DIV/0!
15. Net Income (PMPM)	76.47	59.54	(3.63)	#DIV/0!	#DIV/0!
FORMULAS					,
16. Other Invested Assets/Total Assets	0.00	0.00	0.00	0.00	0.00
17. Total Hospital and Medical Expenses / Net Premium IncomePremium	0.81	0.88	0.97	0.00	0.00
18. Total Administration Expenses / Total Revenues	0.05	0.05	0.05	0.00	0.00
UNPAID CLAIMS ANALYSIS					
19. Total Claims Paid During the Year etc.	2,060,317	1,764,389	_	-	_
(From Schedule F, Section III, Col. F, Line 4)	,,,,				
20. Estimated Liability of Unpaid Claims— Previous Year	2,657,286	3,043,382	<u>-</u>	<u> </u>	

${\tt SCHEDULE~I-1-PARTICIPATING~MUNICIPAL~CORPORATIONS~(OR~SCHOOL~DISTRICTS)}\\$

А	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	15	15	15	15

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATION ENROLLED (OR SCHOOL DISTRICTS)

А	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,002	2,282	2,284	2,284	2,288

SCHEDULE I-3 — ENROLLMENT DATA (Participants)

А	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	53,375	15,356	15,255	15,240	15,212

STATEMENT AS OF

################ OF THE Greater Tompkins County Municipal Health Insurance Consortium (Year Ending)

SCHEDULE J—REAL ESTATE

									Change in	Book/Adjusted Carry	Change in Book/Adjusted Carrying Value Less	ress		
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	į	O. data	Date Acquired	Last	Cost	ŝ	Encumbrances	EL	Depreciation	Recognized	Encumbrances	(12-10-11)		Incurred
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December 31, 2013 (Year Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Year
Number of paticipating Municipal Corporations	a sacratikitas a acorta en a 15
2. Number of enrolled members	
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5%
4. Net premium income	34,507,671
5. Surplus per Section 4706(a)(5)	1,725,384

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRIT				
	Current Year 1	Previous Year *	Current Year 3	Previous Year *
	Total	Total	PMPM	PMPM
ige NY 2 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 8 FOR INVESTED ASSETS				
06.			xxx	xxx
07.			XXX	XXX
.08. .09.			XXX	XXX
310.			XXX	XXX
898. TOTALS (Items 0806 thru 0810)		-	XXX	xxx
age NY 2				
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
EM 16 FOR OTHER THAN INVESTED ASSETS				
606.			XXX	XXX
507 508.			XXX	XXX
609.			XXX	XXX
610.			XXX	XXX
98, TOTALS (Items 1606 thru 1610)	-	<u> </u>	XXX	XXX
age NY 3 ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				,
EM 10 FOR OTHER LIABILITIES				
006.			xxx	XXX
007.			XXX	XXX
008 009.			XXX	XXX
110			xxx	XXX
098. TOTALS (Items 1006 thru 1010)	-	-	XXX	XXX
age NY 3				
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
EM 15 FOR CURRENT LIABILITIES				
506.			XXX	XXX
507508			XXX	XXX
509.			XXX	XXX
510.		ļ	XXX	XXX
598. TOTALS (Items 1506 thru 1510)		-	XXX	XXX
age NY 3				
ETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
EM 17 FOR SPECIAL SURPLUS FUNDS			VVV	xxx
706			XXX	XXX
708.			XXX	xxx
709.			XXX	XXX
710			XXX	XXX
190. TOTALS (Rems 1700 tild 1710)				
Page NY 4 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 4 FOR OTHER HEALTH CARE RELATED REVENUES				
1406.				
407.			-	
408 409			-	
410.				
498. TOTALS (Items 0406 thru 0410)		<u> </u>	-	
Page NY 4				
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				
TEM 13 FOR OTHER HOSPITAL AND MEDICAL				
306			-	
308.			-	
309.				
310		-	-	
Page NY 4				1
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT TEM 15 FOR OTHER EXPENSES		1		
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1509. 1510.				

^{*} As reported on Prior Year End filed Annual Statement.

December 31, 2013	
(Year Ending)	

Greater Tompkins County Municipal Health Insurance Consortium (Name)

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DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4606.		
4607.		
4608.		
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4698. TOTALS (Items 4606 thru 4610)	-	_
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Page NY5		
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT		
ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4706.		
4707.		
4708.		
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4798. TOTALS (Items 4706 thru 4710)	-	-

^{*} As reported on Prior Year End filed Annual Statement.

STATEMENT AS OF ############# OF THE Greater Tompkins County Municipal Health Insurance Consortium (Year Ending) OVERFLOW PAGE FOR SCHEDULE B — INVESTMENTS (BONDS)

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STATEMENT AS OF ############### OF THE Greater Tompkins County Municipal Health Insurance Consortium (Year Ending)

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Municipalities building a stable insurance future.

125 East Court Street Ithaca, NY 14850 607-274-5590 INFO: consortium@twcny.rr.com www.tompkins-co.org/healthconsortium

November 8, 2013

Ms. Adrian Pope Insurance Examiner New York State Department of Financial Services Health Bureau 25 Beaver Street New York, NY 10004

Dear Ms. Pope:

This letter is being sent to address the New York State Department of Financial Services of the Greater Tompkins County Municipal Health Insurance Consortium's use of a 12% factor for calculating the Consortium's incurred but not reported (IBNR) and incurred but not paid (IBNP) claims liability reserve. As you are acutely aware, §4706(a)(1) of the New York State Insurance Law requires the Consortium to establish this particular reserve in accordance with the following definition:

- (a) Notwithstanding any provision of law, the governing board of a municipal cooperative health benefit plan shall establish a reserve fund, and the plan's chief fiscal officer shall cause to be paid into the reserve fund the amounts necessary to satisfy all contractual obligations and liabilities of the plan, including:
 - (1) a reserve for payment of claims and expenses thereon reported but not yet paid, and claims and expenses thereon incurred but not yet reported which shall not be less than an amount equal to twenty-five percent of expected incurred claims and expenses thereon for the current plan year, unless a qualified actuary has demonstrated to the superintendent's satisfaction that a lesser amount will be adequate;

As you are aware, the Greater Tompkins County Municipal Health Insurance Consortium was the first and remains the only Municipal Cooperative Health Benefits Plan to be formed and receive its Certificate of Authority under Article 47 of the New York State Insurance Law since the Law's enactment in 1993. As a result, much of what was undertaken by the Consortium and the New York State Department of Financial Services during the formation of the Consortium involved a collaborative effort to work through the requirements of Article 47 for a "start-up" Consortium.

One of the major areas of discussion involved the amount of and development of the required reserves. It was the contention of the representatives from the Greater Tompkins County Municipal Health Insurance Consortium that the reserve levels needed to be reasonable, prudent, but not excessive. In addition, it was the opinion of the Consortium that the reserves could be developed in the first year of the Consortium's operations as authorized by §4704(a)(7) as follows:

(7) the municipal cooperative health benefit plan establishes premium equivalent rates sufficient to meet its contractual obligations and to satisfy the reserve and surplus requirements set forth in section four thousand seven hundred six of this article;

Ms. Adrian Pope, Insurance Examiner New York State Department of Financial Services November 8, 2013

The discussions regarding the development of the reserves was a major issue for the Consortium as the Participating Municipalities were not in a position to invest significant dollars into the Consortium above and beyond their premium payments.

After a number of conference calls and meetings it was agreed that the Consortium's financial plan submitted with its application would include an initial assessment to all Participating Municipalities to "seed" the Surplus Account as required by §4706(a)(5)(A) of the New York State Insurance Law. In addition, it was agreed that the financial projections and models to be developed and submitted for consideration by the Consortium would include an IBNR/IBNP Reserve equal to 12% of expected incurred claims for the year in accordance with §4706(a)(1) of the New York State Insurance Law.

The above understanding was clearly noted in the Greater Tompkins County Municipal Health Insurance Consortium's Article 47 Application in Exhibit D and in the financial reports attached the Application. It is the position of the Greater Tompkins County Municipal Health Insurance Consortium that the approval of the Article 47 Application and the issuance of the Certificate of Authority represented the New York State Department of Financial Services approval of the 12% IBNR/IBNP Liability Reserve Factor.

Since this initial decision, the Consortium has continued to use this same 12% IBNR/IBNP Liability Reserve Factor even though the actual results have proven it to be a conservative approach. In fact, when we review the paid claims results for services rendered in 2011, we show 7.21% of the total incurred claims were paid in 2012 and -0.09% was paid in 2013. Please refer to the following chart for a summary of this information:

	Incurred 2011 Paid 2011	Incurred 2011 Paid 2012	Incurred 2011 Paid 2013	Total Incurred 2011	Total Paid 2011
Hospital/Medical	\$15,750,814.63	\$1,582,912.29	-\$21,706.53	\$17,312,020.39	\$15,750,814.63
Prescription Drug	\$6,465,217.00	\$141,401.00	\$0.00	\$6,606,618.00	\$6,465,217.00
Total	\$22,216,031.63	\$1,724,313.29	-\$21,706.53	\$23,918,638.39	\$22,216,031.63
Percent of Total	92.88%	7.21%	-0.09%		

The results for 2012 are showing similar results to 2011 with 8.09% of the total incurred claims for 2012 being paid in 2013. This data is through September 30, 2013 and may change slightly as there was a total of \$2,888.70 in paid claims reimbursed in September 2013 which were related to claims incurred in 2012. For a summary of the 2012 incurred claims data, please refer to the following:

	Incurred 2012 Paid 2012	Incurred 2012 Paid 2013	Incurred 2012 Paid 2014	Total Incurred 2012	Total Paid 2012
Hospital/Medical	\$16,357,266.91	\$1,914,255.32		\$18,271,522.23	\$17,940,179.20
Prescription Drug	\$6,987,849.00	\$141,054.00		\$7,128,903.00 \$7,129,250.	
Total	\$23,345,115.91	\$2,055,309.32	\$0.00	\$25,400,425.23	\$25,069,429.20
Percent of Total	91.91%	8.09%	0.00%		

Ms. Adrian Pope, Insurance Examiner New York State Department of Financial Services November 8, 2013

In summation, we respectfully advise you that we do not possess a letter from the New York State Department of Financial Services authorizing the use of the 12% IBNR/IBNP Liability Reserve Factor. Instead, we hereby request that the Department review the Article 47 Application for the Consortium which includes this information and we ask the Department to consider the information contained in this letter.

We hope this information is sufficient for your needs in addressing the questions regarding the Greater Tompkins County Municipal Health Insurance Consortium's use of the 12% IBNR/IBNP Liability Reserve Factor. We thank you for your time and consideration of this information. As always, we are available to answer any questions you may have regarding this information or any issues that relate to the Greater Tompkins County Municipal Health Insurance Consortium.

Respectfully Submitted,

Don Barber

Chairperson, GTCMHIC Supervisor, Town of Caroline

Greater Tompkins County Municipal Health Insurance Consortium

Actuarial Review of Outstanding Claim Liabilities as of December 31, 2013

Confidential

Prepared by: Aquarius Capital Solutions Group LLC

Date: April 8, 2014

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Plan Administration	2
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Introduction

Background

The Greater Tompkins County Municipal Health Insurance Consortium (the Consortium) has retained Aquarius Capital Solutions Group, LLC (Aquarius) to conduct an independent actuarial review of the Consortium's outstanding claim liabilities for its self-funded medical and prescription drug plan as of December 31, 2013 as required by Article 47 of the New York State Insurance Law.

This law, called the Municipal Cooperative Health Benefits Plan Law, requires health benefits plans to obtain a Certificate of Authority from the Superintendent of Insurance (the Superintendent of Financial Services as of October 3, 2011) and execute municipal cooperation agreements with the participants of the Consortium. One of the requirements of Article 47 is that the Consortium obtains "a qualified actuary's opinion relating to loss reserves, provision for experience rating refunds, and any other actuarial items."

This Actuarial Memorandum describes the analysis done in support of the Statement of Opinion contained herein in Appendix A regarding the Consortium's outstanding claim liabilities as of December 31, 2013. Actuarial methods, considerations, and analyses used in forming this opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

The Consortium, originally comprised of thirteen (13) member participants, received its Certificate of Authority effective October 1, 2010, however did not start collecting premiums and paying claims until January 1, 2011. Effective January 1, 2013, the Consortium added two (2) new member participants. As of December 2013, the Consortium covers approximately 2,300 employees and 5,100 member lives. The original thirteen participants along with the two new participants effective January 1, 2013 included in this valuation as of the valuation date include:

- o County of Tompkins
- o Town of Caroline
- o Town of Danby
- o Town of Dryden
- o Town of Enfield
- o Town of Groton
- o Village of Trumansburgo Town of Lansing (new)

- o City of Ithaca
- o Town of Ithaca
- o Town of Ulysses
- o Village of Cayuga Heights
- o Village of Dryden
- o Village of Groton
- o City of Cortland (new)

Plan Administration

The self-funded plan provides comprehensive health care benefits including coverage for expenses related to:

- inpatient hospital stays;
- treatment provided in an outpatient hospital setting;
- professional medical services (i.e., physician charges);
- hospice and skilled nursing facility charges;
- home health care;
- diagnostic X-ray and laboratory services; and
- prescription drugs.

Excellus Blue Cross Blue Shield of the Central New York Region (Excellus) administers all medical claims on behalf of the Consortium and its members. Effective January 1, 2013, ProAct, a third party pharmacy benefits manager (PBM), administers all prescription drug claims on behalf of the Consortium. Prior to January 1, 2013, Medco/Express Scripts administered the prescription drug claims for the Consortium.

Limitations

This Actuarial Memorandum is for the internal use of the Consortium, its consultant Locey & Cahill, LLC, its financial auditors in connection with its audit, and the New York State Department of Financial Services (DFS) in connection with its statutory annual statement filing. This memo and all attachments contained herein may include proprietary information and, as such, should be considered a confidential document and not distributed to any other external party without the written consent of Aquarius. If Aquarius consents to distribution of this product it must be provided in its entirety and the party be advised to have an actuary review the work.

This report is provided to the Consortium for the purpose of meeting New York State DFS requirements governing Annual Statement filings and Actuarial Statement of Opinions. Information in this report may not be appropriate to use for other purposes. Aquarius does not intend to benefit from the overall results of the report and we assume no duty, liability or obligation to parties that use this work for other reasons other than its stated intention.

Data Reliance

In our review, we have relied on the experience data and other information provided by the Consortium and Locey & Cahill. We have not audited or verified the accuracy of the experience data and other information. Our understanding is that claims experience includes cost amounts for New York State assessments (e.g., HCRA covered lives, etc.). If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

Summary of Results and Methodology

Article 47 Incurred But Unpaid Reserves

As of December 31, 2013, the Consortium established \$3,574,393 incurred but unpaid (IBNP) claim reserve liability in accordance with Section 4706(1) of Article 47 of the New York State Insurance Law. The table below summarizes the estimates which are also contained in Attachment 1 at the end of this report.

		Aquarius C	apital Model	Estimates ⁽²⁾	GTCMHIC
Category	Source	Medical	Pharmacy	Total	IBNP (1)
1. Calculated (IBNP)	[Attach 2, 3]	\$2,434,772	\$20,449	\$2,455,221	
2. Provision for Adverse Deviation (3)	[(1) x 10%]	\$243,477	\$2,045	\$245,522	
3. Provision for Claim Settlement Exp. (4)	[(1) x 2%]	<u>\$48,695</u>	\$409	<u>\$49,104</u>	
4. Claim Liability as of 12/31/2013	[(1)+(2)+(3)]	\$2,726,944	\$22,903	\$2,749,847	\$3,574,393
5. CY2013 Incurred Claims	[Attach 4]	\$21,940,867	\$7,021,198	\$28,962,065	\$29,786,611
6. Liability as % of Incurred Claims	[(4)/(5)]			9.5%	12.0%

¹ The Consortium has reached agreement with the Superintendent of Financial Services to hold IBNP reserves equivalent to 12% of annual medical and pharmacy *incurred* claims per NY Schedule F. See Attachment 4.

These reserves are sufficient to meet the Consortium's outstanding obligations and are in compliance with the terms of the Consortium's Certificate of Authority in the aggregate. All actuarial computations were prepared in accordance with generally accepted actuarial principles and practices with reliance on the accuracy and completeness of the information provided for this purpose.

The ultimate solvency of a health benefit plan cannot be determined until its history unfolds. No one can predict with precision the increase in medical costs and the rate at which claims are reported or paid. A reasonable approximation of the true cost can be provided through actuarial estimates. As actual experience emerges, the continued appropriateness of the techniques and assumptions employed should be examined, with modifications made as judged necessary.

² Aquarius Capital model estimates determined using actuarial methods (i.e., age-to-age completion factor development "chain ladder" method). Methodology is described further below. Month-by-month incurred & paid claims, completion factors and estimated incurred claims for both medical and pharmacy claims can be found in Attachments 2 and 3.

³ Provision for Adverse Deviation (PAD) reflects margin for claim fluctuations and is based on 10% of calculated IBNP claim reserves.

⁴ Provision Claim Settlement Expense is based on 2% of calculated IBNP claim reserves.

Methodology

The major reserve liability generated by a medical plan is the "incurred but not paid" (IBNP) claims liability. The IBNP liability represents the dollar amount that will be paid for claims that have been incurred (i.e., for which services have been rendered) prior to the measurement date of December 31, 2013, but for which payment will not be made until after the measurement date. This liability includes claims that have been incurred but not reported plus claims that have been reported but not paid.

The Department of Financial Services recommends that Municipal Cooperative Health Benefit Plans determine IBNP claim reserves separately for hospital/medical claims and pharmacy claims. For hospital/medical claims, the IBNP reserve should be set at an amount reflecting application of actuarial methods and principals including a ten-percent (10%) margin for claim fluctuations, but no lower than seventeen-percent (17%) of incurred hospital/medical claims and related expenses. For prescription drug claims, the IBNP reserve should be set at an amount reflecting application of actuarial methods and principals including a ten-percent (10%) margin for claim fluctuations, but no lower than five-percent (5%) of incurred pharmacy claims and related expenses.

These requirements hold unless "a qualified actuary has demonstrated to the Superintendent that a lesser amount will be adequate". The Consortium has provided such demonstration to the Superintendent of Financial Services in the 2011 fiscal year (calendar year 2011). Henceforth, the Superintendent of Financial Services has agreed that the Consortium need only hold reserves for its IBNP liability equal to or greater than twelve-percent (12%) of expected medical and pharmacy incurred claims combined. The balance of this section summarizes the approach used to assess the adequacy of the IBNP reserve held by the Consortium as of December 31, 2013 of \$3,574,393.

While the ultimate amount of claims that will be paid out cannot be determined until history unfolds, a reasonable approximation can be provided through actuarial estimates, based on past claims payment patterns. Monthly paid claims for medical and pharmacy data split by month of incurral from Excellus, Express Scripts/Medco, and ProAct was provided by the Consortium's consultant Locey & Cahill, LLC for *dates of service* between January 1, 2011 through December 31, 2013 and *paid dates* between January 1, 2011 through January 31, 2014.

Estimates of the December 31, 2013 unpaid claims liabilities were obtained through the use of Aquarius's reserving model. This model utilizes loss development triangles to develop completion factors whereby age-to-age development factors are calculated (i.e., "chain ladder method"). These completion factors represent the percentage of claims incurred in a given month that are paid in that month, the following month, etc. These factors are then applied to the cumulative claims paid for each month of incurral to estimate the total incurred claims in the month. Completion factors were developed for medical claims and prescription drug claims separately as the two services complete with differing patterns.

The final set of completion factors are used to calculate ultimate incurred claim estimates for each month of incurral from January 2011 through December 2013. The incurred, but unpaid reserve estimates for each month of incurral are calculated as the difference between ultimate incurred claims and claims incurred and paid for the month as of the valuation date. Claims paid during January 2014 are "added-back" to arrive at final December 31, 2013 reserve estimates. Attachments 2 and 3 contain the detail of this calculation for medical and pharmacy incurred claim cost estimates.

Because the calculation of incurred but unpaid claim liabilities described above provides a "best estimate" of the true liabilities that will emerge, a margin for conservatism to account for volatility and fluctuations in the claims activity is appropriate. These margins vary in practice and are, in part, discretionary. Aquarius estimates include a ten-percent (10%) margin or Provision for Adverse Deviation (PAD). While the exact amount of the margin is subject to judgment, it is recommended that these margins be consistent from year to year.

A provision for claim settlement expenses is also typically appropriate. This amount represents the expense attributable to payment of incurred but unpaid claims. Aquarius estimates include a 2% assumption for administration costs associated with paying reserve claims applied to the IBNP. Attachment 1 illustrates the Aquarius calculated IBNP components for both medical claims and pharmacy claims along with a comparison to the Consortium's "booked" IBNP based on twelve-percent (12%) of medical and pharmacy incurred claims.

Based on the results of Aquarius's reserve calculations using actuarial methods, the total IBNP, including margins described above, as of December 31, 2013 represents approximately 9.5% of annual incurred medical and pharmacy claims for 2013. In light of these results, the reserves held by the Consortium for claims that have been incurred but unpaid as of December 31, 2013 are sufficient to satisfy the Consortium's obligations.

Attachments

<u>Attachment</u>	<u>Page</u>	<u>Description</u>
1	7	Total Outstanding Claim Liability summarizes Aquarius estimated total claim liabilities compared to amounts held by Consortium.
2	8	Monthly Medical Incurred Claims and Reserve Estimates illustrates Aquarius estimates of monthly incurred claim cost and incurred but unpaid reserves through December 31, 2013 for medical services.
3	9	Monthly Pharmacy Incurred Claims and Reserve Estimates illustrates Aquarius estimates of monthly incurred claim cost and incurred but unpaid reserves through December 31, 2013 for pharmacy services.
4	10	NY Schedule F — Claims Payable Analysis provides a reconciliation to Schedule F of the Consortium's annual statement filing.

Attachment 1

Greater Tompkins County Municipal Health Insurance Consortium Self-Funded Medical and Pharmacy Plan Outstanding Claim Liability Estimate as of December 31, 2013

			Aquarius	s C	apital Model E	Estir	nates		GТСМНІС
Category	Source		Medical		Pharmacy		Total	Во	oked IBNP *
Calculated IBNP - Age to Age Completion Factors	[Attach. 2, 3]	\$	2,434,772	\$	20,449	\$	2,455,221		·
Provision for Adverse Deviation at 10% of IBNP	[(1) x (10%]	\$_	243,477	\$	2,045	\$	245,522		•
3. Provision for Claim Settlement Expenses at 2% of IBNP	[(1) x (2%]	\$	48,695	\$	409	\$	49,104		
4. Total Outstanding Claim Liability as of 12/31/2013	[(1)+(2)+(3)]	\$	2,726,944	\$	22,903	\$	2,749,847	\$	3,574,393
5. Total 2013 Incurred Claims w/ Margins	[Attach. 4]	\$	21,940,867	\$	7,021,198	\$	28,962,065	\$	29,786,611
6. Total Liability as a % of Incurred Claims	[(4) / (5)]		_				9.5%		12.0%

^{*} GTCMHIC Booked IBNP is calculated as 12% of medical and pharmacy incurred claims per NY Schedule F. See Attachment 4

Attachment 2 Greater Tompkins County Municipal Health Insurance Consortium Monthly Incurred Claims and Reserve Estimates Medical

Valuation as of January 31, 2014

Ouration	Month	Subscribers	Members	Pa	ncurred & aid Claims through 1/31/2014	Completion Factor		Incurred Claims	N	Mature Paid Claims	Cl	ncurred aims per ibscriber	Cla	ture Paid aims per bscriber	CI	ncurred aims per lember		lature Paid Claims per Member	R	d Claims un-Out Jan-14)		teserve at c. 31, 2013
36	Jan-11	1,998	4,366	\$	1,505,388	1.0000	\$	1,505,388	\$	378,952	\$	753.45	\$	189.67	\$	344.80	\$	86.80	\$	(479)	\$	(479
35	Feb-11	2,003	4,386	\$	1,436,193	1.0000	\$	1,436,193	\$	1,269,381	\$	717.02	\$	633.74	\$	327.45	\$	289,42	\$	-	\$	-
34	Mar-11	1,991	4,363	\$	1,498,854	1.0000	\$	1,498,854	\$	1,368,657	\$	752.81	\$	687.42	\$	343.54	\$	313.70	\$	-	\$	-
33	Apr-11	2,002	4,387	\$	1,662,680	1.0000	\$	1,662,680	\$	1,314,318	\$	830.51	\$	656,50	\$	379.00	\$	299.59	\$	-	\$	-
32	May-11	2,001	4,391	\$	1,384,473	1.0000	\$	1,384,473	\$	1,480,718	\$	691.89	\$	739.99	\$	315.30	\$	337.22	\$	-	\$	-
31	Jun-11	2,008	4,421	\$	1,407,803	1.0000	\$	1,407,803	\$	1,474,428	\$	701.10	\$	734.28	\$	318.44	\$	333.51	\$	-	\$	-
30	Jul-11	2,001	4,418	\$	1,335,790	1.0000	\$	1,335,790	\$	1,559,791	\$	667.56	\$	779.51	\$	302.35	\$	353.05	\$	-	\$	-
29	Aug-11	2,003	4,423	\$	1,491,482	0.9999	\$	1,491,631	\$	1,557,187	\$	744.70	\$	777.43	\$	337.24	\$	352.07	\$	-	\$	14
28	Sep-11	2,001	4,432	\$	1,429,239	0.9998	\$	1,429,524	\$	1,303,770	\$	714.41	\$	651.56	\$	322.55	\$	294.17	\$	-	\$	28
27	Oct-11	1,998	4,419	\$	1,361,449	0.9997	\$	1,361,858	\$	1,302,181	\$	681.61	\$	651.74	\$	308.18	\$	294.68	\$	-	\$	40
26	Nov-11	1,990	4,403	\$	1,477,074	0.9996	\$	1,477,665	\$	1,310,367	\$	742.55	\$	658.48	\$	335.60	\$	297.61	\$	(52)	\$	53
25	Dec-11	1,989	4,417	\$	1,328,061	0.9995	\$	1,328,725	\$	1,431,063	\$	668.04	\$	719.49	\$	300.82	\$	323.99	\$	- (00)	\$	66 82
24	Jan-12	2,006	4,447	\$	1,430,565	0.9994	\$	1,431,423	\$	1,253,109	\$	713.57	\$	624.68	\$	321.89	\$	281.79	\$	(29)	\$	
23	Feb-12	2,003	4,446	\$	1,301,273	0.9993	\$	1,302,184	\$	1,265,205	\$	650.12	\$	631.66	\$	292.89	\$	284.57	\$ \$	(11)	\$ \$	90 1,75
22	Mar-12	2,005	4,452	\$	1,837,874	0.9990	\$	1,839,628	\$	1,424,401	\$	917.52	\$	710.42 771.96	\$ \$	413.21 406.64	\$	319.95 347.83	\$	85	\$	1,75
21	Apr-12	2,006	4,452	\$	1,808,453	0.9989	\$	1,810,360	\$	1,548,549	\$	902.47 870.70	\$ \$	876.54	\$. \$	392.27	\$	394.89	\$	85	\$	2,09
20	May-12	2,003	4,446	\$	1,742,009	0.9988	\$	1,744,020	\$	1,755,700	\$ \$	723.46	\$ \$	740.86	\$ \$	326.11	\$	333.96	s	(763)	\$	1,05
19	Jun-12	2,005	4,448	\$	1,448,729	0,9987 0,9984	\$	1,450,547 1,533,531	\$	1,485,432 1,636,737	\$	762.57	\$	813.89	\$	344.38	\$	367.56	\$	(16,632)	\$	(14,17
18	Jul-12	2,011	4,453	\$ \$	1,531,069 1,533,929	0.9983	\$ \$	1,535,531	\$	1,718,470	s	764.83	\$	855.39	\$	345.06	\$	385.91	\$	(10,002)	\$	2,62
17	Aug-12	2,009	4,453 4,436	\$	1,333,929	0.9982	\$	1,343,256	\$	1,718,470	s	670.96	\$	882,71	\$	302.81	\$	398.37	\$	18	s	2,44
16 15	Sep-12 Oct-12	2,002 2,002	4,450 4,451	\$	1,340,031	0.9980	\$	1,400,863	\$	1,444,496	\$	699,73	\$	721,53	\$	314.73	\$	324.53	\$	(1,901)	\$	95
14	Nov-12	2,002	4,448	\$	1,609,186	0.9979	\$	1,612,639	s		s	803.91	s	557.64	\$	362.55	\$	251.49	\$	25,785	\$	29,23
13	Dec-12	2,008	4,443	\$	1,276,313	0.9962	\$	1,281,221	\$	1,522,253	s	639.97	s	760.37	\$	288.37	s	342.62	\$	(7,416)	\$	(2,50
12	Jan-13	2,288	5,135	\$		0.9961	<u> </u>	1,750,933	\$		\$	765.27	\$	708.89	\$	340.98	\$	315.86	\$	1,110	\$	7,99
11	Feb-13	2,286	5,116	\$	1,989,585	0.9942	\$	2,001,127	\$	1,643,890	\$	875.38	\$	719.11	\$	391.15	\$	321.32	\$	1,015	\$	12,55
10	Mar-13	2.282	5,105	\$	1,470,936	0.9941	s	1,479,649	\$		\$	648.40	\$	739.83	\$	289.84	\$	330.71	\$	6,162	\$	14,87
9	Apr-13	2,285	5,102	\$	1,615,250	0.9900	\$	1,631,565	\$		\$	714.03	\$	859.05	\$	319.79	\$	384.74	\$	226	\$	16,54
8	May-13	2,280	5.073	\$	1.868.907	0.9850	\$	1,897,368	\$		\$	832.18	\$	807.73	\$	374.01	\$	363.02	\$	(489)	\$	27,97
7	Jun-13	2,284	5,080	\$	1,699,852	0.9800	\$	1,734,543	\$	1,740,707	\$	759.43	\$	762.13	\$	341.45	\$	342,66	\$	(1,330)	\$	33,36
6	Jul-13	2,286	5,091	\$	1,948,014	0.9700	\$	2,008,262	\$	1,852,777	\$	878.50	\$	810.49	\$	394.47	\$	363.93	\$	(9,877)	\$	50,37
5	Aug-13	2,279	5,075	\$	1,727,581	0.9600	\$	1,799,564	\$	1,776,959	\$	789.63	\$	779.71	\$	354.59	\$	350.14	\$	1,660	\$	73,64
4	Sep-13	2,284	5,074	\$	1,724,516	0.9400	\$	1,834,592	\$	2,232,248	\$	803.24	\$	977.34	\$	361.57	\$	439.94	\$	84,837	\$	194,91
3	Oct-13	2,286	5,069	\$	1,958,747	0.9100	\$	2,152,470	\$	1,542,158	\$	941.59	\$	674.61	\$	424.63	\$	304.23	\$	89,181	\$	282,90
2	Nov-13	2,287	5,072	\$	1,644,864	0.8400	\$	1,958,171	\$	1,649,356	\$	856.22	\$	721.19	\$	386.07	\$	325.19	\$	68,648	\$	381,95
1	Dec-13	2,288	5,071	\$	1,565,573	0.7900	\$	1,981,738	\$	2,158,144	\$	866.14	\$	943.24	\$	390,80	\$	425,59	\$	892,750	\$	1,308,91
	Total	75,460	167,264	\$	56,534,596	0.9775	\$	57,836,785	\$	55,402,013	\$	766.46	\$	734.19	\$	345.78	\$	331.22	\$ *	1,132,583	\$	2,434,77
	CY 2011	23,985	52,826	\$	17,318,485	0.9999	\$	17,320,584	\$	15,750,815	\$	722.14	\$.	656.69	\$	327.88	\$	298.16	\$	(531)	\$	1,5
	CY 2012	24,060	53,375		18,258,235	0.9985	\$	18,286,221	\$	17,940,179	\$	760.03	\$	745.64	\$	342.60	\$	336.12	\$	(779)	\$	27,20
	CY 2013	27,415	61,063		20,957,876	0.9428	s	22,229,980	_	21,711,019	\$	810.87	s	791,94	\$	364.05	\$	355.55		1,133,894	\$	2,405,99

Attachment 3 Greater Tompkins County Municipal Health Insurance Consortium Monthly Incurred Claims and Reserve Estimates Pharmacy

Valuation as of January 31, 2014

Duration	Month	Subscribers	Members	P	ncurred & aid Claims through 11/31/2014	Completion Factor	Incurred Claims	٨	Mature Paid Claims	Cl	ncurred aims per bscriber	CI	ture Paid aims per bscriber	Cla	ncurred aims per 1ember	С	ature Paid laims per Member	R	d Claims un-Out lan-14)	serve at . 31, 2013
36	Jan-11	1,998	4,366	\$	522,956	1.0000	\$ 522,956	\$	354,108	\$	261.74	\$	177.23	\$	119.78	\$	81.11	\$	+	\$ -
35	Feb-11	2,003	4,386	\$	483,183	1.0000	\$ 483,183	\$	485,353	\$	241.23	\$	242.31	\$	110.16	\$	110.66	\$	-	\$ -
34	Mar-11	1,991	4,363	\$	544,578	1.0000	\$ 544,578	\$	474,616	\$	273.52	\$	238.38	\$	124.82	\$	108.78	\$	-	\$ -
33	Apr-11	2,002	4,387	\$	521,122	1.0000	\$ 521,122	\$	482,274	\$	260.30	\$	240.90	\$	118.79	\$	109.93	\$	-	\$ -
32	May-11	2,001	4,391	\$	543,789	1.0000	\$ 543,789	\$	759,032	\$	271.76	\$	379.33	\$	123.84	\$	172.86	\$	-	\$ -
31	Jun-11	2,008	4,421	\$	541,056	1.0000	\$ 541,056	\$	486,216	\$	269.45	\$	242.14	\$	122.38	\$	109.98	\$	-	\$ -
30	Jul-11	2,001	4,418	\$	514,439	1.0000	\$ 514,439	\$	483,462	\$	257.09	\$	241.61	\$	116.44	\$	109.43	\$	-	\$ -
29	Aug-11	2,003	4,423	\$	571,065	1.0000	\$ 571,065	\$	481,231	\$	285.10	\$	240.26	\$	129.11	\$	108.80	\$	-	\$ -
28	Sep-11	2,001	4,432	\$	580,272	1.0000	\$ 580,272	\$	543,337	\$	289.99	\$	271.53	\$	130.93	\$	122.59	\$	-	\$ -
27	Oct-11	1,998	4,419	\$	568,921	1.0000	\$ 568,921	\$	557,617	\$	284.75	\$	279.09	\$	128.74	\$	126,19	\$	-	\$ -
26	Nov-11	1,990	4,403	\$	601,300	1.0000	\$ 601,300	\$	766,424	\$	302.16	\$	385.14	\$	136.57	\$	174.07	\$	-	\$ -
25	Dec-11	1,989	4,417	\$	613,937	1.0000	\$ 613,937	\$	591,547	\$	308.67	\$	297.41	\$	138.99	\$	133.93	\$	-	\$ -
24	Jan-12	2,006	4,447	\$	642,446	1.0000	\$ 642,446	\$	531,348	\$	320.26	\$	264.88	\$	144.47	\$	119.48	\$	-	\$ -
23	Feb-12	2,003	4,446	\$	599,644	1.0000	\$ 599,644	\$	596,349	\$	299.37	\$	297.73	\$	134.87	\$	134.13	\$	-	\$ -
22	Mar-12	2,005	4,452	\$	640,371	1.0000	\$ 640,371	\$	597,245	\$	319.39	\$	297.88	\$	143.84	\$	134.15	\$	-	\$ -
_ 21	Apr-12	2,006	4,452	\$	592,646	1.0000	\$ 592,646	\$	549,939	\$	295.44	\$	274.15	\$	133.12	\$	123.53	\$	-	\$ -
20	May-12	2,003	4,446	\$	642,318	1.0000	\$ 642,318	\$	829,709	\$	320.68	\$	414.23	\$	144,47	\$	186.62	\$	-	\$ -
19	Jun-12	2,005	4,448	\$	534,618	1.0000	\$ 534,618	\$	535,537	\$	266.64	\$	267.10	\$	120.19	\$	120.40	\$	-	\$ -
18	Jul-12	2,011	4,453	\$	547,998	1.0000	\$ 547,998	\$	504,271	\$	272.50	\$	250.76	\$	123.06	\$	113.24	\$	-	\$ -
17	Aug-12	2,009	4,453	\$	616,434	1.0000	\$ 616,434	\$	521,136	\$	306.84	\$	259.40	\$	138.43	\$	117.03	\$	-	\$ -
16	Sep-12	2,002	4,436	\$	539,002	1.0000	\$ 539,002	\$	536,863	\$	269.23	\$	268.16	\$	121.51	\$	121.02	\$	-	\$ -
15	Oct-12	2,002	4,451	\$	610,817	1.0000	\$ 610,817	\$	780,880	\$	305.10	\$	390.05	\$	137.23	\$	175.44	\$	-	\$ -
14	Nov-12	2,006	4,448	\$	625,718	1.0000	\$ 625,718	\$	517,998	\$	311.92	\$	258.22	\$	140.67	\$	116.46	\$	-	\$ -
13	Dec-12	2,002	4,443	\$	536,891	1.0000	\$ 536,891	\$	627,975	\$	268,18	\$	313.67	\$	120.84	\$	141.34	\$	-	\$ -
12	Jan-13	2,288	5,135	\$	528,541	1.0000	\$ 528,541	\$	670,708	\$	231.01	\$	293.14	\$	102.93	\$	130.61	\$	-	\$ -
11	Feb-13	2,286	5,116	\$	465,873	1.0000	\$ 465,873	\$	458,039	\$	203.79	\$	200.37	\$	91.06	\$	89.53	\$	-	\$ -
10	Mar-13	2,282	5,105	\$	560,104	1.0000	\$ 560,104	\$		\$	245.44	\$	242.98	\$	109.72	\$	108.61	\$	-	\$ -
9	Apr-13	2,285	5,102	\$	590,034	1.0000	\$ 590,034	\$	602,710	\$	258.22	\$	263.77	\$	115.65	\$	118.13	\$	-	\$ -
8	May-13	2,280	5,073	\$	577,737	1.0000	\$ 577,737	\$	•	\$	253.39	\$	252.38	\$	113.88	\$	113.43	\$	-	\$ -
7	Jun-13	2,284	5,080	\$	600,355	1.0000	\$ 600,355	\$,	\$	262.85	\$	264.19	\$	118.18	\$	118.78	\$	-	\$ -
6	Jul-13	2,286	5,091	\$	581,110	1.0000	\$ 581,110	\$	•	\$	254.20	\$	255.72	\$	114.14	\$	114.83	\$	-	\$ -
5	Aug-13	2,279	5,075	\$	599,979	1.0000	\$ 599,979	\$	596,561	\$	263.26	\$	261.76	\$	118.22	\$	117.55	\$	•	\$ -
4	Sep-13	2,284	5,074	\$	552,411	1.0000	\$ 552,411	\$	567,588	\$	241.86	\$	248.51	\$	108.87	\$	111.86	\$	-	\$ -
3	Oct-13	2,286	5,069	\$	676,644	0.9990	\$ 677,321	\$	666,140	\$	296.29	\$	291.40	\$	133.62	\$	131.41	\$	-	\$ 677
2	Nov-13	2,287	5,072	\$	569,105	0.9900	\$ 574,854	\$	565,137	\$	251.36	\$	247.11	\$	113.34	\$	111.42	\$	(9)	\$ 5,740
1	Dec-13	2,288	5,071	\$	707,674	0.9700	\$ 729,561	\$	713,709	\$	318.86	\$	311.94	\$	143.87	\$	140.74	\$	(7,855)	\$ 14,032
	Total	75,460	167,264	\$	20,745,088	0.9986	\$ 20,773,401	\$	20,752,952	\$	275.29	\$	275.02	\$	124.20	\$	124.07	\$	(7,864)	\$ 20,449
	CY 2011	23,985	52,826	\$	6,606,618	1.0000	\$ 6,606,618	\$	6,465,217	\$	275.45	\$	269.55	\$	125.06	\$	122.39	\$	-	\$ -
	CY 2012	24,060	53,375	\$	7,128,903	1.0000	\$ 7,128,903	\$	7,129,250	\$	296.30	\$	296.31	\$	133.56	\$	133.57	\$	-	\$ -
	CY 2013	27,415	61,063	\$	7,009,567	0,9960	\$ 7.037.880	\$	7,158,485	\$	256,72	s	261.12	\$	115.26	\$	117.23	\$	(7,864)	\$ 20,449

Attachment 4 Greater Tompkins County Municipal Health Insurance Consortium NY Schedule F - Claims Payable Analysis

	SECTION I - CLAIMS INCURRED										
A		<u>B</u>		<u>C</u>		<u>D</u>	<u>E</u>				
Description of Claims	Pa	id During the Year	Unp	aid Prior Year	Un	paid Current Year		ncurred This ar (B - C + D)			
1. Hospital & Medical Claims	\$	21,711,019	\$	2,497,096	\$	2,726,944	\$	21,940,867			
2. Pharmacy Claims	\$	7,158,485	\$	160,190	\$	22,903	\$	7,021,198			
3. Total	\$	28,869,504	\$	2,657,286	\$	2,749,847	\$	28,962,065			

	SECTION II - ANALYSIS OF UNPAID CLAIMS - CURREN									
<u>A</u>		<u>B</u>		<u>C</u>	D					
Description of Claims	in F	rted Claims Process of ljustment	Ir	Estimated ncurred but Inreported	Total Claims Payable (B + C)					
Hospital & Medical Claims	\$	369,664	\$	2,357,280	\$	2,726,944				
2. Pharmacy Claims	\$		\$	22,903	_\$	22,903				
3. Total	.\$	369,664	\$	2,380,183	\$	2,749,847				

					SEC	TION III - AN	ALYS	IS OF UNPAID	CLAI	MS - PRIOR				
<u>A</u>		<u>B</u>		<u>C</u>		<u>D</u>		Ē		<u>F</u>		<u>G</u>		<u>H</u>
		Claims Paid D	uring	the Year	Claim	Reserve at E	nd of	Current Year						_
Description of Claims	Incl	On Claims urred Prior to urrent Year		On Claims curred During the Year		aims Unpaid nd of Prior Year		On Claims urred During the Year		ns Incurred in or Years (B + D)	Res	imated Claim erve at End of r Year (Sect. I, C)	is O	unt Reserve ver/(Under) served (G - F)
Hospital & Medical Claims	\$	1,887,036	\$	19,823,983	\$	32,227	\$	2,694,717	\$	1,919,263	\$	2,497,096	\$	577,833
2. Pharmacy Claims	\$	141,054	\$	7,017,431	\$	_	\$	22,903	\$	141,054	\$	160,190	\$	19,136
3. Total	\$	2,028,090	\$	26,841,414	\$	32,227	\$	2,717,620	\$	2,060,317	\$	2,657,286	\$	596,969

CALCULATION OF UNPAID CLAIMS RESERVES AT YEAR END

Unpaid claims reserve (per Page NY 3, Line 1.3) = % approved by DFS * [(Paid claims CY - Unpaid claims PY) / (1-% approved by DFS)]

Reserve requirement per DFS	12%	<== Input per DFS
Paid claims CY	\$ 28,869,504	<== Section I, Column B
Unpaid claims PY	\$ 2,657,286	<== Section I, Column C
Result = Unpaid claims CY	\$ 3,574,393	<==Reported on NY 3, Line 1.3
Implied incurred claims	\$ 29,786,611	<==Paid claims + (Unpaid claims CY - Unpaid claims PY)
*		
Hospital & Medical claims payable per Actuary	\$ 2,726,944	<== Section II, Column D, Line 1
Pharmacy claims payable per Actuary	\$ 22,903	<== Section II, Column D, Line 2
Total claims payable per Actuary	\$ 2,749,847	<==Reported on NY 3, Line 1.1
Total Additional Amount Required by Section		
4706(a)(1)	\$ 824,546	<==Reported on NY 3, Line 1.2
Total claims Payable	\$ 3,574,393	<==Reported on NY 3, Line 1.3

Tompkins County reserve as of Dec13_040814.xlsx, [Schedule F]

4/8/2014

APPENDIX A

Statement of Actuarial Opinion

December 31, 2013

Statement of Actuarial Opinion Greater Tompkins County Municipal Health Insurance Consortium Annual Statement as of December 31, 2013

TABLE OF KEY IN	DICATORS			
This Opinion is	X Unqualified	☐ Qualified	☐ Adverse	☐ Inconclusive
IDENTIFICATI	ON SECTION			
X Prescribed Wor	rding Only ised Wording		Prescribed wit	h Additional Wording
SCOPE SECTIO)N			
X Prescribed Wor	rding Only ised Wording		Prescribed wit	h Additional Wording
RELIANCE SEC	CTION			
X Prescribed Wor	rding Only ised Wording		Prescribed wit	th Additional Wording
OPINION SECT	TION			
☐ Prescribed Wor	rding Only ised Wording	X	Prescribed wi	th Additional Wording
RELEVANT CO				
IDENTIFICATION				
firm Aquarius Capita Actuaries and have b Consortium to render	al Solutions Groupeen retained by to an opinion with rebruary 11, 2013 i	up LLC. I am he Greater Ton egard to loss resonance w	a member of apkins County serves, actuaria ith the requires	uary, am associated with the the American Academy of Municipal Health Insurance I liabilities and related items. ments of the annual statementing the opinion.

SCOPE

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials as of December 31, 2013:

Actuarial Liability Summary December 31, 2013 Greater Tompkins County Municipal Health Insurance Consortium

Actuarial Item	Statement Reference	Amount
A. Claims unpaid including unpaid claims adjustment expenses	Page 3, Line 1.1	\$2,749,847
B. Additional amounts required by Section 4706(a)(1)	Page 3, Line 1.2	\$824,546
C. Total Claims payable	Page 3, Line 1.3	\$3,574,393
D. Surplus per Section 4706(a)(5)	Page 3, Line 21	\$1,725,384
E. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement		Not Applicable
F. Specified actuarial items presented as assets in the annual statement		Not Applicable

RELIANCE

My examination included such review of the actuarial assumptions and actuarial methods and of the underlying basic liability records and such tests of the actuarial calculations as I considered necessary. I also reconciled the underlying basic liability records to Schedule F, Section III.

OPINION

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principals;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the State of New York and are at least as great as the minimum aggregate amounts required by New York and are in compliance with the terms of the Consortium's Certificate of Authority as determined by the Superintendent of Financial Services (i.e., 12% of annual medical and pharmacy incurred claims);
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement as of the preceding year-end; and
- F. Include appropriate provision for all actuarial items which ought to be established.

Schedule F, Section III was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

RELEVANT COMMENTS

The amount carried on the balance sheet for contingency (termination) reserves (i.e., the surplus account, page NY3, line 21) was not calculated using actuarial methods. Instead, it was determined using the methodologies described in Article 47, Section 4706(a)(5) of 5% of annualized earned premium equivalents.

Michael Lawrence Frank, ASA, FCA, MAAA

President and Actuary 110 Betsy Brown Road Port Chester, NY 10573 Tel: (914) 933-0063

Date: April 8, 2014

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